

UNITED STATES DISTRICT COURT
 for the
Western District of Oklahoma

KATHLEEN SCHWEER, individually and on)
 behalf of all others similarly situated,)
)
)
)
 Plaintiff(s),)
)
)
 v.) Case No. 5:24-cv-01323-JD
 ELEVATE HEALTH, LLC,)
 v.)
 ACQUITY, LLC)
)
)
 Defendant(s).)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Acquity, LLC
 c/o Joshua Grant Kidd, Registered Agent
 6744 Spencer Street
 Las Vegas, NV 89119

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) - you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Amy Sherry Fischer, OBA #16651
 FOLIART, HUFF, OTTAWAY & BOTTOM
 201 Robert S. Kerr Avenue, 12th Floor
 Oklahoma City, Oklahoma 73102

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



SUMMONS ISSUED:

1:26 pm, Jul 01, 2025

JOAN KANE, CLERK

By: Joan Kane

Civil Action No. 5:24-cv-01323-JD

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or _____

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or _____

I returned the summons unexecuted because _____; or _____

Other *(specify):* _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc: